POSITION	INITIALS	ID NO.	, DATE	_
FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW	rong Ø	Mon	1/1/ 1/1/	BEST AVAILABLE COPY

INDEX OF CLAIMS

~	Rejected	N	Non-elected
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÷	Restricted		Objected

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If more than 150 claims or 10 actions staple additional sheet here